

MAINE SECURITY BREACH REPORTING FORM

Pursuant to the Notice of Risk to Personal Data Act

(Maine Revised Statutes 10 M.R.S.A. §§ 1346-1350-B)

Name and address of Entity that owns or maintains the computerized data that was subject to the breach:

Pasternack Tilker Ziegler Walsh Stanton & Romano, LLP

Street Address: 233 Broadway

City: New York

State: NY

Zip Code: 10279

Submitted by: Joseph V. DeMarco **Title:** Partner **Dated:** June 6, 2016

Firm Name (if other than entity): DeVore & DeMarco, LLP

Telephone: (212) 922-9499

Email: jvd@devoredemarco.com

Relationship to Entity whose information was compromised: Attorneys

Type of Organization (please select one): [] Governmental Entity in Maine; [] Other Governmental Entity;

[] Educational; [] Health Care; [] Financial Services; * [X] Other Commercial; [] Not-for-Profit

Number of Persons Affected:

Total (including Maine residents): 1680 Maine Residents: 3

If the number of Maine residents exceeds 1,000, have the consumer reporting agencies been notified? [] Yes; [] No.

Dates: Breach Occurred: Unknown Breach Discovered: July 9, 2014 Consumer Notification: June 3, 2016

Description of Breach (please select all that apply):

- [] Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);
[] Internal system breach; [X] Insider wrongdoing; [] External system breach (e.g., hacking); [] Inadvertent disclosure;
[] Other (specify):

Information Acquired: Name or other personal identifier in combination with (please select all that apply):

- [X] Social Security Number
[] Driver's license number or non-driver identification card number
[] Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account

Manner of Notification to Affected Persons – ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED MAINE RESIDENTS:

- [X] Written; [] Electronic; [] Telephone; [] Substitute notice.

List dates of any previous (within 12 months) breach notifications:

Identify Theft Protection Service Offered: [X] Yes [] No

Duration: One Year Provider: Experian

Brief Description of Service: Experian ProtectMyID Elite

*If reporting to Department of Professional and Financial Regulation, this form is not required. 10 M.R.S.A. § 1348(5)